## Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **November 1-15, 2003.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Org Name: TIBURCIO VASQUEZ HEALTH

UDS Number: 093190

APPLICATION FOR		2. DATE SUBMITTED		Applicant Identifier				
FEDERAL ASSISTANCE			11/6/2003					
1. TYPE OF SUBMISSION:	Propolication	3. DATE RECEIVED B	Y STATE	State Applicationt Ide	entifier			
Application Construction	Preapplication Construction	4 DATE DECEMED B	V EEDERAL ACENCY	Federal Identifier				
t-manual and the second		4. DATE RECEIVED B	T FEDERAL AGENCY	6 H80CS00223-02-0	1			
Non-Construction  5. APPLICANT INFORMATION	Non-Construction		<del></del>					
Legal Name:			Organizational Unit:					
TIBURCIO VASQUEZ H	CONTRACTOR OF THE PERSON NAMED IN CONTRA	(VIII VIII 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
Address (give city, county, state; at 33255 NINTH STREET, UNION CITY, CA 94587.	id zip-gode)		Name and telephone number application (give area code) Jose Joel Garcia (510) 471-5907	of the person to be cor	ntacted on matters involving this			
6. EMPLOYER IDENTIFICATION	IUMBER (EIN):		7. TYPE OF APPLICANT (e.	nter apprpriate letter in	box) N			
If Revision, enter appropriate letter  A. Increase Award  E	L L	Revision	A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District 9. NAME OF FEDERAL AGI	J. Private Unive K. Indian Tribe L. Individual M. Profit Organia N. Other (Spec	School Dist. led Institution of Higher Learning rsity			
			HHS, BPHC					
10. CATALOG OF FEDERAL DO			11. DESCRIPTIVE TITLE OF					
12. AREAS AFFECTED BY PRO. Hayward, Fremont Union	City, Newark and Ala	imeda County						
13. PROPOSED PROJECT:		SIONAL DISTRICTS OF	, b	Project				
Start Date Ending 01/01/2004 12/31/2	10		10	r:toject				
15. ESTIMATED FUNDING:		16. IS APPLIC	CATION SUBJECT TO REVIEW	V BY STATE EXECUTI	VE ORDER 12372 PROCESS			
a. Federal	822,2	, . , , , , ,	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  DATE 11/06/2004					
b. Applicant	, pagada 19. dolono mila liniaka o milajajo nich lajaja. A tribakskaja daksija kajajo 1890.	0.00						
c. State	1,684,2	38.00 b. NO.	✓ PROGRAM IS NOT C	OVERED BY E.O. 123	72			
d. Local	2,568,1	11.00	OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW					
e. Other	2,274,7							
f, Program Income	5,538,6	08.00 17. IS APPLIC	ATION DELINQUENT ON ANY					
g. TOTAL	12,888,0		Yes If "Yes", attach		No			
18. TO THE BEST OF MY KNOW	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTACE IS AWARDED.							
a. Typed Name of Authorized R			b. Title	b. Title c. Telephone Number				
Jose Joel Garcia			CEO	(510) 471-5907				
	d. Signature of Authorized Representative e. Date Signed Electronically Signed by: Jose Joel Garcia 11/6/2003							

<b>APPLICATION FOR</b>				OM	B Approval No. 0348-004		
FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Identifier			
		November 2003					
1. TYPE OF SUBMISSION:		3. DATE RECEIVED B	Y STATE	State Application Identifier			
Application Construction	Preapplication Construction	4. DATE RECEIVED B	V FEDERAL ACENOV	Padamilda - 412			
Non-Construction	Non-Construction	4. DATE RECEIVED B	FEDERAL AGENCY	FEDERAL AGENCY Federal Identifier			
5. APPLICANT INFORMATION							
Legal Name:			Organizational Unit:				
San Diego State University, State University, State		npus	California Center for Border and Regional Economic Studies				
Address (give city, county, state	E G		Name and telephone number of person to be contacted on matters involving this application (give area code)  Kimberly Collins, 760-768-5510				
720 Heber Ave., Calexid	co, CA 92231)						
6. EMPLOYER IDENTIFICATIO	<del></del>	V 10 4	7. TYPE OF APPLIC	ANT: (onter appropriate lette			
95-6042	7 2 1		A. State	H. Independent School Dis	, N		
8. TYPE OF APPLICATION:			B. County	i. State Controlled Institution			
X Nev	v Continuation	Revision	Č. Municipal	J. Private University			
If Revision, enter appropriate let	er(c) In hov(oc)		D. Township	K. Indian Tribe			
in iterialon, enter appropriate let	(ci(s) in bux(os)		E. Interstate F. Intermunicipal	L. Individual ipal M. Profit Organization			
	rease Award C. Increase	Duration	G. Special District	N. Other (Specify) Non-D	rofit		
D. Decrease Duration Other	specify);		9. NAME OF FEDERAL AGENCY:				
	A 4		Economic Development Administration, Dept. of Commerce				
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE NU	MBER:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:				
			Analyzing Industry Clusters and Infrastructure Needs				
TITLE;	_	to Create Living Wage Jobs in Imperial County, Calif.					
12. AREAS AFFECTED BY PRO	DJECT (Cities, Countles, State	les, etc.):	- to oreate riving	wage Jobs III IIIperia	County, Cam.		
Imperial County, CA							
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	TRICTS OF: CA 52	I				
Start Date Ending Date	a. Applicant	·····	b. Project				
June 2004 May 2005			CA 52				
15. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 PR	SUBJECT TO REVIEW BY	STATE EXECUTIVE		
a. Federal	\$	209,122 <sup>°°</sup>	a, YES, THIS PREA	APPLICATION/APPLICATION	N WAS MADE		
b. Applicant	\$	77,000 <sup>ap</sup>	AVAILABLE	TO THE STATE EXECUTIVE FOR REVIEW ON:			
c. State	\$	.00	DATE 11				
d. Local	65	OD	b. No. PROGRA	M IS NOT COVERED BY E	0 12372		
e, Other	\$	.00		GRAM HAS NOT BEEN SELI			
. Program Income	\$	, to	-				
3. TOTAL \$		00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?				
		286,122`		ettach an explanation.	X No		
IS. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF T	AUTHORIZED BY THE GOV	ERNING BODY OF THE	ATION/PREAPPLICAT E APPLICANT AND TH	ION ARE TRUE AND CORF IE APPLICANT WILL COMP	LECT, THE LY WITH THE		
a. Type Name of Authorized Repr		o. Title	c. Telephone Number				
I. Signature of Authorized Repres	entative			e. Date Signed			
revious Edition Usable							

					OMB A	Approval No. 0348-0043		
APPLICATION FOR			2. DATE SUBMITTED		Applicant Identifier			
EDERAL ASSISTANCE		E						
1. TYPE OF SUBMISSIC			3. DATE RECEIVED BY	STATE	State Applicant Identifier			
Application	1	olication						
Construction	☐ Cor	nstruction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal identifier			
Non-Construction     ■ Non-Construct	☐ No	n-Ganstruction						
5. APPLICANT INFORMATION	DN		@ F I	Wrgarizationar viet:				
Legal Name:			5 3	Vgrgarizationa Vnit:	Institute of Marine Sc	iences		
		niversity of Galife	orma					
Address (give city, count		code):		Name and telephone application (byte are	number of the person to be contact a code)	ed bit makers involva g una		
University of California	i, Santa Cruz		NOV 10	Lynne Van Der	1			
1156 High Street Santa Cruz, California	95064			(831) 459-1574				
Santa Cruz County	3300	DUNS Number	12-508-4723					
G. EMPLOYER IDENTIFICA	TION NUMBER (E	IN): CTAF	CLEARIN	7 TYPE OF APPLICA	NT: (enter appropriate letter in box)			
9 4	- 1	5 3 9 5	<b>3</b>	A. State	H. Independent School D			
<u> </u>				B. County		ution of Higher Learning		
8. TYPE OF APPLICATI	ON:			C. Municipal D. Township	<ul><li>J. Private University</li><li>K. Indian Tribe</li></ul>			
	⊠ New	☐ Continuation	Revision	E. Interstate	L. Individual			
	RZI 146AK			F Intermunicip				
If Revision, enter approp	nate letter(s) in b	ox(es):		G. Special Dist	rict N. Other (Specify)			
A. increase Award			crease Duration					
D Decrease Duration	Other (s)	pecify):		9. NAME OF FEDERA	NOAA			
				-	NON			
					ILE OF APPLICANT'S PROJECT:			
10. CATALOG OF FEDERA ASSISTANCE NUMBE		1 1 1 .	4 7 3	11. DESCRIPTIVE III	LE OF AFFEICANT STROZEST.			
ASSISTANCE NUMBE	11.	<u> </u>						
TITLE: Coastal Ser	niano Contor			Network for Envir	onmental Observations of the Co	pastal Ocean		
TITLE: Coastar Ser	Mices Center							
12. AREAS AFFECTED BY	PROJECT (cities	, counties, states, etc.)	l:					
Bodega Bay, CA, Ft	Point CA Mo	outerey Bay, CA, Si	anta Barbara, CA,					
Santa Mon	ica, CA, Newpo	ort, CA and San Di	ego, CA					
13. PROPOSED PROJECT	ŗ.	14. CONGRESSION	AL DISTRICTS OF:					
Start Date	Ending Date	a Applicant			b. Project			
8/1/04	7/31/05	17(h			17th	ı		
15. ESTIMATED FUNDING	);		16. IS APPLICAT	ION SUBJECT TO REVIE	W BY STATE EXECUTIVE ORDER 1237	2 PROCESS?		
a. Federal	<b>S</b>	375,900.	a. YES. Th	IS PREAPPLICATION	N/APPLICATION WAS MADE AVAIL	ABLE TO THE		
	'		s	TATE EXECUTIVE OF	RDER 12372 PROCESS FOR REVIE	WW OIN.		
b. Applicant	\$		00	TE 47/10/03				
			DA	TE 11/10/03		_		
c. State	\$		00	PROGRAM IS NOT COVERED BY E.O. 12372				
			D. NO. L					
d. Local		.00		OR PROGRAM HAS NOT BEEN SFI FCTED BY STATE FOR REVIEW				
				••••				
e. Other	\$		00					
f. Program Income	<del>                                     </del>		00 17. IS THE APPL	ICANT DELINQUENT OF	ANY FEDERAL DEBT?			
i. raogiam income	\$ .00							
g TOTAL \$ 375,900 00			If "Yes," attach an o	explanation. N	0			
*			1					
18. TO THE BEST OF MY	KNOWLEDGE AN	D BELIEF, ALL DATA	N THIS APPLICATION/P	REAPPLICATION ARE	TRUE AND CORRECT. THE DOCUMENT	HAS BEEN DULY		
AUTHORIZED BY THE GO	VERNING BODY	OF THE APPLICANT AN	ND THE APPLICANT WIL	LL COMPLY WITH THE A	ATTACHED ASSURANCES IF THE ASSIS	TANCE IS AWARDED.		
a. Typed Name of Auth				b. Title c. Telephone numbe Proposal Coordinator (831) 459-2520				
Cindy Plasman				L P10	poda Coordinator	e Date Signed /		
						1 12 1		
d. Signature of Authori	zach Representat	100				11/10/10		
d. Signature of Authori	7/ /	man				11/10/03		

## Application for U.S. Department of Housing OMB Approval No.2501-0017 (exp. 03/31/2005) Federal Assistance and Urban Development 2. Date Submitted 4. HUD Application Number 10/31/2003 122-35640 1. Type of Submission 3. Date and Time Received by HUD 5, Existing Grant Number Preapplication Application 6, Applicant Identification Number 7. Applicant's Legal Name 8. Organizational Unit TDF, LP 10. Name, title, telephone number, fax number, and e-mail of the person to be 9. Address (give city, county, State, and zip code) contacted on matters involving this application (including area codes) A. Address: 10501 Valley Blvd, Ste 1888 A. Name: Jean Leng B. Clty: El Monte C. County: Los Angeles B. Title: President C. Phone: 626-279-7979 D. State: 626-279-7978 E. Zlp Code: 91731 D Fax: E. E-mail: 12. Type of Applicant (enter appropriate letter in box) М 11. Employer Identification Number (EIN) or SSN I. University or College A. State 95-4887142 **B.** County J. Indian Tribe K. Tribaily Designated Housing Entity (TDHE) 13. Type of Application C, Municipal L. Individual D. Township X New Revision Continuation Renewal M. Profit Organization E. Interstate F. Intermunicipal N. Non-profit If Revision, enter appropriate letters in box(es) O. Public Housing Authority A, Increase Amount B. Decrease Amount C. Increase Duration G. Special District P. Other (Specify) D. Decrease Duration E. Other (Specify) H. Independent School District 14. Name of Federal Agency U.S. Department of Housing and Urban Developmen 16. Descriptive Title of Applicant's Program 15. Catalog of Federal Domestic Assistance (CFDA) Number 14 - 151MAP 221(d)(4) - New Construction Pacific Towers Apartments Supplemental Loan Insurance: Component Title: Multifamily Rental Housing 17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.) City of El Monte 18a. Proposed Program start date 18b, Proposed Program end date 19a. Congressional Districts of Applicant 19b. Congressional Districts of 1/4/04 1/4/39 Program 20. Estimated Funding: Applicant must complete the Funding Matrix on Page 2. 21. Is Application subject to review by State Executive Order 12372 Process? This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date 10/31/03 A, Yes B. No. Program is not covered by E.O. 12372 Program has not been selected by State for review.

Yes If "Yes," explain below or attach an explanation.

22. Is the Applicant delinquent on any Federal debt?

6194710123

P.03

P.03 6194710123

NOU-06-2003 17:21

RED

TAL, SAN DIEGO

Funding Matrix The applicant injust provide the funding marks anown believ, listing each program for which MUD funding is being requested, and complete the conflictions. Donor HUD Other Fodera Grant Prograt 1" HUD Local/Tribal Other Tabil State וועתפסדי ACE COUNT Sherry Income Funda Share Shore Share Miller 221(6)(4) 1.670 000.00 10 266 368 40 8,800,000,00 611,044,00 2,118,043.00 0.000.000.00 0.00Grand Totale 6,500,000,00 \$11,384,00 0.00 2,115,003.00 0.00 1.070,000,00 0.00 0.00 10,298,137,00 For FHIPs, show both intigrities and component Certifications I cartily, to the best of my knowledge and beike, that no Federal appropriated funds have been bald, or will be paid, by or on behalf of the applicant, to any person for injudned ig an ettempting to injugnee an officer or employee of an agency, a Mountain of Congress, an officer of umplayue of Congress, or an employee of a Member of Congress, in connection with the sweeting of this Federal grant or its extension, renevel, smondment or medification. If funds other than Federal appropriated funds have or will be said for influencing or attempting to influence the persons lieted above, I shall complete and submit Standard Formally. Disclosure Form to Report Lobbying. I can thy that I shall require all avo awards at all tiers (including sub-grants and contracts) to elmilarly certificand disclose accordingly. Federally recognized indian Tribes and tribally designated housing entities (TDHEs) embilished by Federally-recognized indian tribes an a result of the sparches of the tribe's son red in pawer are excluded from coverage of the Byrd Amendment, but State-recognized indian triber and TD HEs astabilizated under State line are not excluded from the statute's coverage. This application incorporates the Assurer test and Certifications (HUD-4248) inteched to this application of renews and incorporates for the funding you are seeking one Assistance is intel Conflictions currently on file with HUD. To the bear of my knowledge and belief, all information in this application is true and comest and correctiones material representation of fact upon which HUD may rely in exercing the agreement L.

Jeen Lang

Date (mm/dd/yyyy) 10/31/2002

23. Signature of Authorized Official

Tide

Name (printed)

Funding Ma	atrix								
The applicant mus	t provide the funding m	atrix shown b	elow, listing ea	ich program for	which HUD fu	inding is being			
requested, and co	mplete the certification	<b>S</b> .							
Grant Program*	HUD	Applicant	Other HUD	Other Federal	State	Local/Tribal	Other	Program	Total
	Share	Match	Funds	Share	Share	Share		Income	
221(d)(4)	6,5 <b>0</b> 0,000,00	611,084.00		2,115.058,00		1,070,000.00			10,296,358,40
									0.00
									0.00
									0.00
									0.00
Grand Totals	6,500,000.00	611,084.00	0.00	2,115,053.00	0.00	1,070,000.00	0.00	0.00	10,296,137.00
• For FHIPs, show		mponent					•		
		***************************************							
Certification	<b>NS</b> at of my knowledge an	id halled that n	o Fodomi pan	roprieted funds	have been no	old or will be a	ald By or on h	half	
	any person for influen							211011	
	er or employee of Con	_		-	•		Ū		
	nt or its extension, rene nfluencing or attemptin							1	
	Report Lobbying. I ce								
	disclose accordingly.								
	zed Indian Tribes and xercise of the tribe's so								
	established under Sta					inortaniont, pu	. Stato-recognis	200 IIIQIAII	
	ncorporates the Assura								
	e seeking the Assuran application is true and								
the agreement.		CONTROL BING CC	montores illate	ardi topi <del>s se</del> tita	поп от настиро	SI WINGH FILE	itizi <b>y</b> roiy ili aw	ะเปแก	
23. Signature of Au	Ithorized Official				Name (printed	1)	Jean	Lang	

form HUD-424 (01/2003) ref. OMB Circular A-102

Date (mm/dd/yyyy) 10/31/2003

Title

President

OMB Approval No. 0348-0043 2. DATE SUBMITTED Application Identifier APPLICATION FOR 11-20-03 FEDERAL ASSISTANCE 3. DATE RECEIVED BY STATE 1. TYPE OF SUBMISSION: State Application Identifier Application Preapplication ☐ Construction ☐ Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier ☐ Non-Construction ☐ Non-Construction 5. APPLICATION INFORMATION Organizational Unit Legal Name SUPERIOR CALIFORNIA ECONOMIC DEVELOPMENT DISTRICT Name and telephone number of the person to be contacted on matters Address (give city, county, state, and zip code) involving this application (give area code) 737 Auditorium Drive, Suite A Administrative Contact **Technical Contact** Redding, Shasta County, California 96001 Robert Nash, Chief Executive Officer (530) 225-2760 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 7. TYPE OF APPLICANT: (enter appropriate letter in box) G H. Independent School Dist. A. State B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University K. Indian Tribe 8. TYPE OF APPLICATION: D. Township E. Interstate L. Individual Revision ☐ New ☐ Continuation F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify): If Revision, enter appropriate letter(s) in boxes(es) 9. NAME OF FEDERAL AGENCY: B. Decrease Award A. Increase Award C. Increase U.S. Department of Commerce D. Decrease Duration Other (specify): Economic Development Administration 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC 3 ASSISTANCE NUMBER: Planning and implementation of a long range economic development program TITLE: Economic Development Support for Planning Organizations which will focus on job retention/creation and economic diversification to alleviate substantial unemployment within the district. 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) Modoc, Shasta, Siskiyou and Trinity Counties in California 14. CONGRESSIONAL DISTRICTS OF: 13. PROPOSED PROJECT: STATE CLEARING HOUSE a. Applicant b. Project Start Date **Ending Date** First and Second 01-01-04 Second 12-31-04 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCES 15. ESTIMATED FUNDING: YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: a. Federal 60,000 10-29-04 b. Applicant \$ 20,000 DATE \_\_\_\_ NO. T PROGRAM IS NOT COVERED BY E.O. 12372 c. State \$ ☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW d. Local \$ e. Other 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? f. Program Income ⊠ No ☐ Yes If "Yes." attach an explanation. 80,000 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED c. Telephone number a. Typed Name of Authorized Representative b. Title (530) 225-2760 President Kenneth Humberston e. Date Signed Signature of Authorized Representative 11-20-03